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(Requestor's Name)	
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(City/State/Zip/Phone #)	
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COVER LETTER

то:	Registration Se Division of Cor			
SUBJ	ест: <u>Е СООР</u>	ER TRANSPORTATIO Name of Lim	N, LLC ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Corpor	ate Maintenance Lea	ad
			Name of Person	
		Proc	essing Department	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		1	1450 Vassar St	
			Address	
			Reno, NV 89502	
	City/State and Zip Code			
		returnd	locs@incauthority.com to be used for future annual report notif	
For fu	rther information c	oncerning this matter, please co	·	(Catton)
	Process	ing Department	at (800) 638-2320	
	Name o		Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
⊡ \$3	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	33411	IVA: 4 NINDECC.	etheet/combi	CD ANNAPOR

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANSPORTATION, LLC	
mpany as it now appears on our records.) ted Liability Company)	
any were filed on 07/28/21	and assigned
liability company here:	
iability Company," the designation "LLC" or	the abbreviation "L.L.C."
2	
	101
	8
	
d office address on our records, o	enter the name of the new
<u>here</u> :	
Enter Florida street address	
P1:	A.,
City	Zip Code
	iability Company here: iabili

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Evelyne Cooper	6940 Menifee Ct. New Port Richey	
		FL 34653	Remove
			Change
			Remove
			Change
		Remove	
			Change
		Remove	
		Change	
		· · · · · · · · · · · · · · · · · · ·	
		☐ Remove	
			☐ Change
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			□ Change

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	<u> </u>
(If an el Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	August, 11th2021
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Evelyne Cooper
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00